| DMV Technician: Ted Kiburz Position                                   | Position: 1 or 2          |  |     |  |
|---|---------------------------|--|-----|--|
| Station: Der Date: //- 2012 Time Vehicle Make: Cher Model Monte Carlo | on: Date: //- 244/2 Time: |  |     |  |
| Vehicle Make: Cher Model Monk Carlo                                   | Year /998                 |  |     |  |
| GVWK: Fucilype. 67 Registration in                                    | lumber:                   | 597                                    | 691 |  |
| Auditor: Green Covert Over  | <u>t (circle</u>          | one)                                   |     |  |
|   |                           | T************************************* | ¥   |  |
|   | YES                       | NO                                     | N/A |  |
| 1. Did technician check vehicle paper work and verify VIN number?     | L                         |  |     |  |
| 2. Was Emissions testing required?                                    | 2                         |  |     |  |
| a) Was Emissions testing performed using OBD?                         |                           |  |     |  |
| b) Was Emissions testing performed using Analyzer Probe?              | 1                         |  |     |  |
| c) Was Emissions testing performed using Paddle(s)?                   |                           |  |     |  |
| d) Was Emissions testing performed using Clip?                        |                           |  |     |  |
| 3. Was Catalytic Converter inspection required?                       | i                         |  |     |  |
| a) Was Catalytic Converter inspection performed?                      | L                         |  |     |  |
| 4. Was Fuel Tank pressure testing required?                           |                           |  |     |  |
| a) Was Fuel Tank pressure testing performed?                          |                           |  |     |  |
| 5. Was Fuel Cap pressure testing required?                            |                           |  |     |  |
| a) Was Fuel Cap pressure testing performed?                           |                           |  |     |  |
| 6. Is this test a <b>Re-cheek</b> from a prior failure?               |                           |  |     |  |
| a) Which re-check test is being performed? 1 2 3 (circle one)         |                           |  |     |  |
| b) If this is re-cheek #3, was repair paperwork verified for waiver?  |                           |  |     |  |
|   |                           |  |     |  |
| New Castle and Kent Counties Only                                     |                           |  |     |  |
| 7. Was Two-Speed Idle testing required?                               |                           |  |     |  |
| a) Was Two-Speed Idle testing performed?                              |                           |  |     |  |
|   |                           |  |     |  |
| Sussex County Only  |                           |  |     |  |
| 8. Was Curb Idle testing required?                                    |                           |  |     |  |
| a) Was Curb Idle testing performed?                                   |                           |  |     |  |
|   |                           |  |     |  |
| Comment:  |                           |  |     |  |
| Satety Check-faded Lights   |                           |  |     |  |
|   |                           |  |     |  |
|   |                           |  |     |  |
|   |                           |  |     |  |
|   |                           |  |     |  |

|  | Position: 1 or 2             |         |            |
|--|------------------------------|---------|------------|
| Station: Dov Date: //- 20-/2                                     |                              |         |            |
| Vehicle Make: Mazon Model Mata                                   | Year / 99 4                  |         |            |
| GVWR: - Fuel Type: G, Registra                                   | ation Numb                   | er: 838 | <u>-</u> 4 |
| Auditor: Gresa Covert  | Covert / Overt) (circle one) |         |            |
|  |                              |         |            |
|  | YE                           | S NO    | N/A        |
| 1. Did technician check vehicle paper work and verify VIN num    | nber?                        |         |            |
| 2. Was Emissions testing required?                               | · ·                          |         |            |
| a) Was Emissions testing performed using OBD?                    |                              |         |            |
| b) Was Emissions testing performed using Analyzer Probe?         | V                            |         |            |
| c) Was Emissions testing performed using Paddle(s)?              |                              |         |            |
| d) Was Emissions testing performed using Clip?                   |                              |         |            |
| 3. Was Catalytic Converter inspection required?                  | · ·                          |         |            |
| a) Was Catalytic Converter inspection performed?                 | v                            |         |            |
| 4. Was Fuel Tank pressure testing required?                      |                              |         |            |
| a) Was Fuel Tank pressure testing performed?                     |                              |         |            |
| 5. Was Fuel Cap pressure testing required?                       |                              |         |            |
| a) Was Fuel Cap pressure testing performed?                      |                              |         |            |
| 6. Is this test a <b>Re-check</b> from a prior failure?          |                              |         |            |
| a) Which re-check test is being performed? 1 2 3 (circle one     |                              |         | :          |
| b) If this is re-check #3, was repair paperwork verified for wai | ver?                         |         |            |
|  |                              |         |            |
| New Castle and Kent Counties Only                                |                              |         |            |
| 7. Was Two-Speed Idle testing required?                          | v                            |         |            |
| a) Was Two-Speed Idle testing performed?                         | i v                          |         |            |
|  |                              |         |            |
| Sussex County Only   |                              |         |            |
| 8. Was Curb Idle testing required?                               |                              |         |            |
| a) Was Curb Idle testing performed?                              |                              |         |            |
|  |                              |         |            |
| Comment: Sefy check  |                              |         |            |
|  |                              |         |            |
|  |                              |         |            |
|  |                              |         |            |
|  |                              |         |            |
|  |                              |         |            |

| DMV Technician: Mark Wilkins                                 |   | Position (1) or 2 |          |   |
|--|---|-------------------|----------|---|
|  | ite: 11-20-12                           |                   |          |   |
|  | Model ESさゆ                              | Year              | 199:     | <u> </u>                                |
| GVWR: Fuel Type:   | 7. Registr                              | ation Number      | : 1954   | 50                                      |
| Auditor: Gress-  |   |                   |          |   |
|  |   | ·                 |          | Y******                                 |
|  |   | YES               | NO       | N/A                                     |
| 1. Did technician check vehicle paper wor                    | k and verify VIN nur                    | mber?             | <u> </u> |   |
| 2. Was Emissions testing required?                           | · •                                     | 1                 |          |   |
| a) Was Emissions testing performed using                     |   |                   |          |   |
| b) Was Emissions testing performed using                     |   | L                 |          |   |
| c) Was Emissions testing performed using                     |   |                   |          |   |
| d) Was Emissions testing performed using                     |   |                   |          |   |
| 3. Was Catalytic Converter inspection re-                    | <u> </u>                                | · · · · ·         |          | ·                                       |
| a) Was Catalytic Converter inspection p                      |   | L                 |          |   |
| 4. Was Fuel Tank pressure testing require                    | d?                                      |                   |          |   |
| <ul> <li>a) Was Fuel Tank pressure testing perfor</li> </ul> | med?                                    |                   |          |   |
| 5. Was Fuel Cap pressure testing required                    |   |                   |          |   |
| <ul> <li>a) Was Fuel Cap pressure testing perform</li> </ul> |   |                   |          |   |
| 6. Is this test a Re-check from a prior failu                | re?                                     |                   |          |   |
| a) Which re-check test is being performe                     |   |                   |          |   |
| b) If this is re-check #3, was repair paper                  | work verified for wa                    | iver?             |          |   |
|  |   |                   |          |   |
| New Castle and Kent Counties Only                            |   |                   |          |   |
| 7. Was Two-Speed Idle testing required?                      |   | i                 |          |   |
| a) Was Two-Speed Idle testing performed                      | 1?                                      | w                 |          |   |
|  |   |                   |          |   |
| Sussex County Only   |   |                   |          |   |
| 8. Was Curb Idle testing required?                           |   |                   |          |   |
| a) Was Curb Idle testing performed?                          |   |                   |          |   |
|  |   |                   |          |   |
| Comment: salety Check  |   |                   |          |   |
|  |   |                   |          |   |
|  | *************************************** |                   |          | *************************************** |
|  |   |                   |          |   |
|  |   |                   |          |   |
|  |   |                   |          |   |

| DMV Technician: Chris Haines Po                                    | osition; 1 or | on 1 or 2 |  |  |
|--|---------------|-----------|--|--|
|  | Γime:         |           |  |  |
| Vehicle Make: First Model Fix Exegris                              | WA Year       | 2000      |  |  |
|  |               | :2255-277 |  |  |
| Auditor: T. Griesen Covert /4                                      | Qvert (circle | e one)    |  |  |
|  |               |           |  |  |
|  | YES           | NO N/A    |  |  |
| 1. Did technician check vehicle paper work and verify VIN numb     | er?           |           |  |  |
| 2. Was Emissions testing required?                                 | V             |           |  |  |
| a) Was Emissions testing performed using OBD?                      |               |           |  |  |
| b) Was Emissions testing performed using Analyzer Probe?           | i i           |           |  |  |
| c) Was Emissions testing performed using Paddle(s)?                |               |           |  |  |
| d) Was Emissions testing performed using Clip?                     |               |           |  |  |
| 3. Was Catalytic Converter inspection required?                    | V             |           |  |  |
| a) Was Catalytic Converter inspection performed?                   |               |           |  |  |
| 4. Was Fuel Tank pressure testing required?                        |               |           |  |  |
| a) Was Fuel Tank pressure testing performed?                       |               |           |  |  |
| 5. Was Fuel Cap pressure testing required?                         |               |           |  |  |
| a) Was Fuel Cap pressure testing performed?                        |               |           |  |  |
| 6. Is this test a Rc-check from a prior failure?                   |               |           |  |  |
| a) Which re-check test is being performed? 1 2 3 (circle one)      |               |           |  |  |
| b) If this is re-check #3, was repair paperwork verified for waive | er?           |           |  |  |
|  |               |           |  |  |
| New Castle and Kent Counties Only                                  |               |           |  |  |
| 7. Was Two-Speed Idle testing required?                            |               |           |  |  |
| a) Was Two-Speed Idle testing performed?                           |               |           |  |  |
|  |               |           |  |  |
| Sussex County Only   |               |           |  |  |
| B. Was Curb Idle testing required?                                 |               |           |  |  |
| a) Was Curb Idle testing performed?                                |               |           |  |  |
|  |               |           |  |  |
| Comment: Safety Check Failed - Many Hems OBD Failed.               |               |           |  |  |
| OBP Fader.   |               |           |  |  |
| 34   |               |           |  |  |
|  |               |           |  |  |
|  |               |           |  |  |
|  |               |           |  |  |

| DMV Technician: Sfeve Glover Position                                   | Position: 1 or 2                      |      |   |
|---|---------------------------------------|------|---|
| DMV Technician: Sfeve Glover Position: Our Date: 1/-20-12 Time          | · · · · · · · · · · · · · · · · · · · | Y W  |   |
| Vehicle Make: Tord Model Pu F150  | Vear                                  | 1991 |   |
| GVWR: 1/2   Fuel Type: G. Registration N                                |                                       |      | C1                                      |
| GVWR: 1/2 Fuel Type: G. Registration N<br>Auditor: Greece Covert / Over |                                       |      | 3 (                                     |
|   |                                       |      |   |
|   | YES                                   | NO   | N/A                                     |
| 1. Did technician check vehicle paper work and verify VIN number?       |                                       |      |   |
| 2. Was Emissions testing required?                                      |                                       |      |   |
| a) Was Emissions testing performed using OBD?                           | :                                     |      |   |
| b) Was Emissions testing performed using Analyzer Probe?                |                                       |      |   |
| c) Was Emissions testing performed using Paddle(s)?                     |                                       |      | *************************************** |
| d) Was Emissions testing performed using Clip?                          |                                       |      |   |
| 3. Was Catalytic Converter inspection required?                         |                                       |      |   |
| a) Was Catalytic Converter inspection performed?                        |                                       |      |   |
| 4. Was Fuel Tank pressure testing required?                             | er                                    |      |   |
| a) Was Fuel Tank pressure testing performed?                            | i                                     |      |   |
| 5. Was <b>Fuel Cap</b> pressure testing required?                       | سن                                    |      |   |
| a) Was Fuel Cap pressure testing performed?                             | V                                     |      |   |
| 6. Is this test a <b>Re-check</b> from a prior failure?                 |                                       |      |   |
| a) Which re-check test is being performed? 1 2 3 (circle one)           |                                       |      |   |
| b) If this is re-check #3, was repair paperwork verified for waiver?    |                                       |      |   |
|   |                                       |      |   |
| New Castle and Kent Counties Only                                       |                                       |      |   |
| 7. Was Two-Speed Idle testing required?                                 |                                       |      |   |
| a) Was Two-Speed Idle testing performed?                                |                                       |      |   |
|   |                                       |      |   |
| Sussex County Only  |                                       |      |   |
| 8. Was Curb Idle testing required?                                      |                                       |      |   |
| a) Was Curb Idle testing performed?                                     |                                       |      |   |
|   |                                       |      |   |
| Comment: Schery Check   |                                       |      |   |
|   |                                       |      |   |
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